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RCE/3729  
HDP/SB/21 based on PTO/8B/21 (08-00)

**TRANSMITTAL  
FORM**

to be used for all correspondence after initial filing)

|                        |                      |
|------------------------|----------------------|
| Applicati n Number     | 09/913,311           |
| Filing Date            | August 10, 2001      |
| First Named Invent r   | Mohammad MEHDIANPOUR |
| Group Art Unit         | 3729                 |
| Examiner Name          | Tai V. Nguyen        |
| Attorney Docket Number | 32860-000234/US      |

Total Number of Pages in This Submission

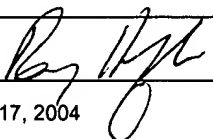
**ENCLOSURES (check all that apply)**

- |  |   |   |
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| <input type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached<br><input type="checkbox"/> Amendment / Response<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input checked="" type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Response to Missing Parts/ Incomplete Application<br><input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Assignment Papers (for an Application)<br><input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance Communication to Group<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):<br><b>Request for Continued Examination</b> |
|--|---|---|
- Remarks: The Commissioner is hereby authorized to charge any additional fees that may be required under 37 CFR 1.16 or 1.17 to Deposit Account No. 08-0750. A duplicate copy of this sheet is enclosed.

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**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

|                         |   |                             |  |
|-------------------------|---|-----------------------------|--|
| Firm or Individual name | Harness, Dickey & Pierce, P.L.C.  | Attorney Name<br>Ray Heflin | Reg. No. TECHNOLOGY CENTER R3700<br>41,060 |
| Signature               |  |                             |  |
| Date                    | May 17, 2004  |                             |  |

**CERTIFICATE OF MAILING/TRANSMISSION**

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